Advisory Committee on Trauma
November 20, 2002
Minutes

Attending: Dr. Paul Harrison, Dr. Scott Sellers, Dr. Dennis Allin, Dr. Craig Concannon, Kerry McCue, Connie Meyer, Jeff Strickler, Pat Dowlin, Pam Kemp, Robert Orth, Jack Shearer, Roger John, Tim Pitts, Lois Towster, Darlene Whitlock, Rep. Judy Showalter, Rep. Garry Boston, and Kim Nutting.

Absent: Leanne Irsik, Walt Regehr, Sen. David Haley, Sen. Susan Wagle, and Mike Bradford.

Dr. Paul Harrison called the meeting to order and the minutes of the last meeting were approved.

Kim Nutting was introduced. Kim was recently appointed by the Governor as the representative for the NW regional trauma council. She is replacing Warren Hixon who resigned earlier in the year. Kim is a registered nurse and works with both the hospital and the EMS system in Graham County where she lives.

Marvin Stottlemire, PhD, JD of the KU Management Center was introduced as the facilitator for the remainder of the meeting.

Marvin asked the committee to provide feedback on program strengths, weaknesses and evaluate program progress.

Program Strengths:

Six regional trauma councils have been established and are holding executive meetings. Annual general membership meetings are also being planned for each of the six regions.

Advisory Committee has a representative from each of the six trauma regions in Kansas. This will help facilitate communication between the Advisory Committee on Trauma and regional trauma councils.

The state registry software has been distributed to 30 hospitals in all six regions in Kansas. The first download of data is to be reported to the state central site in February 2003.

The state advisory committee on trauma has strong representation from elected officials of the legislature.

As the program has developed more potential partners have been identified such as burn centers, fire marshal's office and pediatrics etc.

The trauma fund established by the legislature has provided adequate funding to meet the needs of the program.

The Kansas Trauma Program has dedicated staff overseeing program activities.

Support has been provided through contract with the Kansas Hospital Association in promoting trauma education classes (ATLS, TNCC, PHTLS) in the rural areas of the state.

There has been increased attention focused on EMS issues.

Areas of Improvement:

The mission and function of the RTCs needs to be more clearly defined by the ACT.

Regional trauma councils need an understanding of their mission and how it fits with the overall trauma plan.

Membership in the RTC changes as people change.

Regional trauma councils need funding and a charge from the state Advisory Committee on Trauma.

Potential exists with the state budget deficient that trauma funding could be utilized for other purposes.

An effort needs to be made to promote communication among all members of the RTC so they are kept informed of program progress.

Confusion exists about the goals, objectives and differences between the 4 EMS Regions and 6 Trauma Regions. Regional trauma councils are more system directed and EMS regions are focused toward education and training.

The EMD grant has placed a condition on funding pending appointment of a pediatric representative to the Advisory Committee on Trauma. Meeting this objective may be difficult, as Kansas does not have dedicated facilities to serve the pediatric population. Efforts will be made to encourage the Governor's office to consider someone with a pediatric focus when making future appointments.

Radio communication systems among hospitals, EMS services, police, KHP and other public safety departments are not consistent statewide.

There has been discussion by various partners as to how to connect a range of communication entities regardless of what megahertz or frequency they use.

We have not addressed issues related to hospital trauma verification pending completion of other program initiatives. There is a concern that through the hospital verification process there may be a misconception that patients will by-pass smaller hospitals.

The requests for trauma education exceeded funding provided in this first year of the trauma education contract. Funding in year 2 has been increased. Funding needs to be provided to increase the number of instructors available to teach ATLS, TNCC, and PHTLS.

How does the bioterrorism activities fit with the trauma program?

The following are review of the implementation plan as outlined in the Kansas Trauma Plan:

Trauma Registry:

A plan needs to be developed to address the issue of hospital trauma data reporting and identify by hospital as to how they will be reporting the data either through software or other means.

Reports needs to be developed using trauma registry data so information can be utilized.

A trauma registry subcommittee needs to be formed to provide input into data elements collected. Recommendations would be provided back to the ACT.

Regional Trauma Councils:

Regional trauma council should focus efforts in identifying training and education needs as it relates to the care of the injured patient.

Data Collection was identified as another focus for the RTCs including the collection of EMS data.

Triage guidelines should be developed based upon the resources of the region.

Each of the RTCs will need to develop a trauma plan specific for their region.

Trauma Center Verification:

A self-assessment tool should be developed to assist hospitals in identifying resources needed for the care of the trauma patient.

Self-assessment tool should be developed utilizing ACS guidelines but would not assign a trauma level based upon responses. It should be emphasized that the self-assessment tool should not be seen as a grading tool.

Hospitals that want to be verified at a Level 1&2 will continue to use ACS for verification. A process will be developed to verify other levels.

Education and Training:

Focus of the education funds should be for those practicing in rural areas. Urban centers are already doing training. The target should be physicians, nurses and pre-hospital providers who provide care for the injured patient.

Public education should be addressed.

Other funding sources should be identified for additional training.

More information needs to be collected regarding pediatric training needs.

Pre-Hospital EMS:

One hundred "train the trainers" have been certified through funding from the Brain Trauma Foundation.

Statewide communication committee is looking at wireless communication. Questions regarding this have been incorporated into the statewide communication/emergency medical dispatch survey.

Eighty percent of the EMS service providers do not use the Glasgow coma scale. Training will be needed in this area if accurate information is to be collected for the trauma registry.

The meeting adjourned at 3:30. If there are any additional comments, committee members were asked to forward them to Rosanne.

Next Meeting:	**Future Meeting dates:**
February 19, 2003	May 28, 2003
	August 27, 2003
	November 19,2003